

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 8750004-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Meridian Oil Inc.	Well API No.	
Address	P.O. Box 4289, Farmington, New Mexico 87499		
Reason(s) for Filing (Check proper box)	<input checked="" type="checkbox"/> Other (Please explain)		
New Well		Change in Transporter of:	WELL NAME CHANGED FROM JICARILLA G 7.
Recompletion		Oil	
Change in Operator	<input checked="" type="checkbox"/>	Dry Gas	
		Casinghead Gas	
		Condensate	EFFECTIVE 8/1/92

If change of operator give name

and address of previous operator Mobil Producing TX & NM Inc., Nine Greenway Plaza, Suite 2700,

**II. DESCRIPTION OF WELL AND LEASE**

Houston, Texas 77046

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
JICARILLA 95	7	BLANCO MESAVERDE	State, Federal or Fee	JICARILLA 95
Location				
Unit Letter	A	Feet From The	N	Line and
Section	36	Township	27N	Range
			3W	NMPM.
				RIO ARRIBA
				County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form to be sent)
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form to be sent)
NORTHWEST PIPELINE COMPANY	<input checked="" type="checkbox"/>	P.O. BOX 58900, SALT LAKE CITY, UT 84158-0900
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
		Is gas actually connected?
		When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil & must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature	Production Analyst
Leslie Kahwajy	Title
Printed Name	7/31/92
Date	505-326-9700
	Telephone No.

**OIL CONSERVATION DIVISION**

AUG 06 1992

Date Approved

By

Title

SUPERVISOR DISTRICT #3

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.